Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0810034	MIDDLEBURY FUEL			NC	25	Р	GW
Local Address (where applicable)	Service	Residen	tial Commerc	ial Industri	al Combine	ed Agricultural
492 MIDDLEBU	RY ROAD	Connections		1			

Towns Served: MIDDLEBURY

Monitoring I	Monitoring Requirements								
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 0060	00)								
Total Coliform (3100)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								
Physical Parameters (PPS)		1 rout	ine (RT) per quarter						
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status						
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete						
	1/1/19 - 3/31/19		Complete						
	4/1/19 - 6/30/19								
	7/1/19 - 9/30/19								

Nitrate And Nitrite (NOX)	1 r	outine (RT) per year	
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		Complete
	1/1/20 - 12/31/20		

Public Notification Requirements									
	Compliance	Notice	Public No	<u>tification</u>	PN Certi	<u>fication</u>			
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received			
Total Coliform M&R Violation	4/1/11 - 6/30/11	2	10/6/2011		10/16/2011				
Physical Parameters M&R Violation	4/1/11 - 6/30/11	3	9/5/2012		9/15/2012				

Water System Facility and Sampling Point Inventory Water **Total** Lead and Water System Facility Sampling Point Sampling Point Coliform System Copper Stage ID **Description** Facility ID Rule Rule Tier Asbestos WQP 2 DBPR **Status** DISTRIBUTION SYSTEM 4 **DISTRIBUTION SYSTEM** 00600 Α Υ DOWNSTREAM WITHIN 5 SERVICE CON Α

UPSTREAM WITHIN 5 SERVICE CON A
00700 ENTRY POINT 3 ENTRY POINT A
21418 WELL 2 WELL A

57027 PRESSURE STORAGE

57029	PRESSURE STORAGE

Contact Information									
Name	Organization	Job Title							
Mr. Oreste P. Bona	492 Middlebury Road LLC	Administrative							
Mailing Address Line One	Mailing Addr	ress Line Two		City	State	Zip Code			
73 Bona Road			Middleb	ury	СТ	06762			

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

	Connecticut Department of Public Health Drinking Water Section												
		Wat	ter Qual	lity N	Ionito	oring a	nd Con	nplia	nce S	Schedul	e		
PWS ID	PW	S Name						Classifi	cation	Population	Owner Type	Primary Source	
СТ0810034	MIE	DDLEBURY FU	IEL					N	С	25	Р	GW	
Local Address (where applicable)					Service	Residen	tial Co	mmerci	al Industri	al Combine	ed Agricultural		
492 MIDDLEBURY ROAD				Connection	ns		1						
Towns Served: N	IIDD	LEBURY						,		,	,		
Business Phone Extension Fax Mobi		Mobile	e Phone	Phone Emergency Phone Email Address		Address							
203-704-0183							203-758-	2013					
Contact Role(s):	Ad	ministrative	Contact										
Name					Org	rganization				Job Title			
492 Middlebury	Rd I	LLC											
Mailing Address	Line	One		Mailing	Address	Line Two				City	State	Zip Code	
492 Middlebury	Rd L	LC C/O Patte	rson Oil	100 Lin	coln Ave				Torring	gton	СТ	06790	
Business Phone	5	Extension	Fax		Mobile	e Phone	Emergency	Phone	Email A	Address			
Contact Role(s):	Leg	gal Contact, C	Owner										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section Water Quality Monitoring and Compliance Schedule								
PWS ID	PWS Name			Cla	ssification	Populatio	n O	wner Type	Primary Source
CT0810114	HIGHFIELD, INC.				NC	25		Р	GW
Local Address	Service	Residen	tial	Commerci	al Indus	rial	Combine	d Agricultural	
256 WHITE DE	ER ROCK ROAD	Connections			1				

Towns Served: MIDDLEBURY								
M	onitoring Requ	irement	is					
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)							
Total Coliform (3100)				1 r	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)	1	Monitoring	Period C	Collection Perio	od Complia	ance Status		
Select from Inventory of Active Sampling Points	1	.0/1/18 - 12	2/31/18		Con	nplete		
		1/1/19 - 3/	/31/19		Con	nplete		
		4/1/19 - 6/	/30/19					
		7/1/19 - 9/	/30/19					
Physical Parameters (PPS)				1 r	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)	1	Monitoring	Period C	Collection Perio	od Complia	nce Status		
Select from Inventory of Active Sampling Points	1	.0/1/18 - 12	2/31/18		Con	nplete		
		1/1/19 - 3/	/31/19		Con	nplete		
		4/1/19 - 6/	/30/19					
		7/1/19 - 9/	/30/19					
Water System Facility: ENTRY POINT (WSF ID: 0	0700)							
Nitrate And Nitrite (NOX)				1 r	outine (RT) p	er quarter		
Sampling Point (Sampling Point ID)	1	Monitoring Period		Collection Perio	od Complia	nce Status		
ENTRY POINT (3)	1	10/1/18 - 12/31/18			Complete			
		1/1/19 - 3/31/19			Complete			
		4/1/19 - 6/	/30/19					
		7/1/19 - 9/	/30/19					
Oth	er Compliance	Schedu	les					
Compliance Schedule Activity		Du	e Date	Achieve	ed Date			
CROSS CONNECTION SURVEY REPORT		3/1	0/2020					
Public	Notification R	equirem	nents					
	Compliance				PN Certi	fication		
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Nitrate And Nitrite M&R Violation	7/1/04 - 9/30/04	2	2/18/2005		2/28/2005			
Nitrate And Nitrite M&R Violation	10/1/04 - 12/31/04	2	5/26/2006		6/5/2006			
Water System I	Facility and San	npling P	oint Inve	entory				
Metor			7	otal load a	- d			

	Water System Facility and Sampling Point Inventory										
Water	Water System Facility	Sampling Point	Sampling Point		Total	Lead and			Chara		
System Facility ID		Sumpling Point ID	Description	Status	Coliform Rule	Copper Rule Tier	Asbestos		Stage 2 DBPR		
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	A	Υ						
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α							
		HIFIELD001	KITCHEN HAND WASH	Α	Υ						
		HIFIELD002	FIRST FLOOR BATH	Α	Υ						
		HIFIELD003	BEVERAGE SINK	Α	Υ						
		HIFIELD004	SECOND FLOOR BATH	Α	Υ						
		HIFIELD005	SECOND FLOOR LOCKER	Α	Υ						
		HIFIELD006	KITCHEN SINK 2	Α	Υ						

	Water Quality Monito			_	,		
PWS ID	PWS ID PWS Name			Classification	Population	Owner Type	Primary Source
CT0810114	HIGHFIELD, INC.		NC	25	Р	GW	
Local Address (Resident	tial Commerci	al Industri	al Combine	ed Agricultural		

Connections

1

Connecticut Department of Public Health Drinking Water Section

256 WHITE DEER ROCK ROAD Towns Served: MIDDLEBURY

	Wat	er System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
		HIFIELD007	KITCHEN SINK 3	Α	Υ			
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				
21425	WELL	2	WELL	Α				
55784	ATMOSPHERIC STORAGE							

			Co	ontact Inf	ormation						
Name				Organization	1			Job Title			
The White Deer Ro	ck Land Corpora	ition									
Mailing Address Lin	e One		Mailing Add	ress Line Two			City	State	Zip Code		
33 Porter Hill Rd						Bethleh	em	СТ	06751-2307		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email A	ddress	dress			
Contact Role(s): O	wner										
Name				Organization	1			Job Title	3		
Mr. Gregory Jacobi	i			The White D	eer Rock Land Corp.		President				
Mailing Address Lin	e One		Mailing Addı	ress Line Two			City	State	Zip Code		
70 Tuttle Road						Woodb	ury	СТ	06798		
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email A	ddress				
203-598-3312											

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Schedule Generation Date: 4/11/2019

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	Connecticut Dep	artmen	t of Public H	lealth	Dri	nking	Water	Sectio	n	
			onitoring an			_				
PWS ID	PWS Name		2111011119 0111	0. 0011					e Pr	imary Source
CT0810124	HOP BROOK LAKE REC ARE	A (FIRST CS)				NC	25	F		GW
Local Address (where applicable)		Service	Residen	tial C	ommercia	al Industria	l Comb	ined	Agricultura
ROUTE 63			Connections	2						
Towns Served:	MIDDLEBURY			1						
		M	onitoring Requ	iireme	nts					
Water System	Facility: DISTRIBUTION	SYSTEM (\	WSF ID: 00600)							
Total Coliforn	m (3100)						1	routine	(RT)	per month
Sampling	Point (Sampling Point ID)			Monitori	ng Per	riod Co	ollection Per	iod Co	mplic	ance Status
Select fror	n Inventory of Active Samplir	ng Points		5/1/19 -	5/31/	' 19				
				6/1/19 -	6/30/	19				
				7/1/19 -	7/31/	' 19				
				8/1/19 -	8/31/	' 19				
				9/1/19 -	9/30/	' 19				
Physical Para	meters (PPS)						1	l routine	(RT)	per month
Sampling Point (Sampling Point ID)				Monitori	ng Per	riod Co	ollection Per	iod Co	mplio	ance Status
Select fror	n Inventory of Active Samplir	ng Points		5/1/19 -	5/31/	' 19				
				6/1/19 -	6/30/	' 19				
				7/1/19 -	7/31/	' 19				
				8/1/19 -	8/31/	' 19				
				9/1/19 -	9/30/	′ 19				
Water System	Facility: ENTRY POINT (WSF ID: 00	700)							
Nitrate And I	Nitrite (NOX)							1 routin	e (R	T) per year
Sampling	Point (Sampling Point ID)			Monitori	ng Per	riod Co	ollection Per	iod Co	mplic	ance Status
ENTRY PO	INT (3)			1/1/18 -	12/31,	/18			Coi	mplete
				1/1/19 -						
				1/1/20 -	12/31,	/20				
		Oth	er Compliance	Sched	lules	;				
Compliance Scl	hedule Activity			ı	Due Do	ate	Achie	ved Date		
SEASONAL STA	RT UP COMPLETION			5	5/15/20	019				
		Public	Notification R	equire	men	nts				
			Compliance	Notice			otification	PN	Cert	<u>ification</u>
Violation/Situa	ntion		Period	Tier	R	equired	Performed	Due to	DPH	Received
Physical Param	eters M&R Violation		8/1/18 - 8/31/18	3	12,	/28/2019		1/7/20	20	
	Water S	System F	acility and Sar	npling	Poir	nt Inve	ntory			
Water							tal Lead	and		
System Wat	er System Facility	Sampling	Point Sampling Poi	nt		Coli	form Copp			Stage
Facility ID		ID	Description		C+	atus R	ule Rule	Tier Asbes	stos	WQP 2 DBPI

Water					Total	Lead and		
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stag
Facility ID)	ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DB
00600	DISTRIBUTION SYSTEM	4	FOUNTAIN ON CS WALL	Α	Υ			
		4MSE	MENS ROOM SINK EAST	Α	Υ			
		4MSW	MENS ROOM WEST	Α	Υ			
		4WSE	WOMENS SINK EAST	Α	Υ			
		4WSW	WOMENS SINK WEST	Α	Υ			
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α				
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT	3	ENTRY POINT	Α				

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

				1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0810124	HOP BROOK LAKE REC AREA (FIRST CS)			NC	25	F	GW
Local Address (v	vhere applicable)	Service	Residen	ntial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 63		Connections	2				

	Wa	ater System Facili	ity and Samplin	g Point In	vento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	•	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
22821	WELL1	2	WELL1	Α				
57031	PRESSURE STORAGE							

			Co	ontact Inf	ormation				
Name				Organization	on Job Title				
Ms. Diana Errico-To	polski			Us Army Cor	ps of Engineers		Project Ma	nager	
Mailing Address Lin	e One		Mailing Addr	ess Line Two		City State			Zip Code
4 Straits Turnpike						Middleb	ury	СТ	06762
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Ac	ldress		
978-318-8370			20:	3-509-9708		diana.j.e	rrico-topols	ski@usace.arr	my.mil

Contact Role(s): Administrative Contact, Legal Contact

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- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Connecticut Dor	artmor	nt of	Dublic II	oal+h	D	sin l-	ina	Mata	a Ca	oction	
	Connecticut Dep Water Qu							_			ection	
DIAIC ID		lanty M	OIIIU	oring and	ı Con	_				_	T D.::	·
PWS ID	PWS Name	10.01110				Clas		tion		ı Ow		imary Source
CT081014	<u> </u>	NG CLUB		T			NC		25		Р	GW
	ress (where applicable)			Service	Residen	itial		nercia	l Industr	ial	Combined	Agricultural
	DLEBURY ROAD			Connections				1				
Towns Se	rved: MIDDLEBURY					_				_		
				oring Requ	ireme	nts						
•	stem Facility: DISTRIBUTION	SYSTEM (WSF I	D: 00600)								
	liform (3100)										utine (RT) p	-
Sam	pling Point (Sampling Point ID)				Monitori	ing P	eriod	Со	llection Pe	eriod	l Complia	ınce Status
Selec	ct from Inventory of Active Sampl	ing Points			4/1/19 -	- 6/30	0/19					
					7/1/19 -	- 9/30	0/19					
Physical	Parameters (PPS)									1 ro	utine (RT) p	er quarter
Sam	pling Point (Sampling Point ID)				Monitori	ing P	eriod	Со	llection Pe	eriod	l Complia	ınce Status
Seled	ct from Inventory of Active Sampl	ing Points			4/1/19 -	- 6/30	0/19		5/1-6/30)		
					7/1/19 -	- 9/30	0/19					
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 0	0700)									
Nitrate A	And Nitrite (NOX)									1	routine (R	Γ) per year
Sam	pling Point (Sampling Point ID)				Monitori	ing P	Period Co		llection Pe	eriod	l Complia	ınce Status
ENT	RY POINT (3)				1/1/18 -	12/3	1/18		5/1-9/30)	Cor	nplete
					1/1/19 -	12/3	1/19		5/1-9/30			
					1/1/20 -	12/3	1/20		5/1-9/30)		
		Oth	er C	ompliance	Sched	lule	:S					
Complian	ce Schedule Activity					Due l	Date		Achi	eved	Date	
RESPOND	TO SANITARY SURVEY				1	1/24	/2013					
SEASONA	L START UP COMPLETION					5/1/2	2019					
		Public	Not	ification R	equire	eme	nts					
			C	ompliance	Notice	?	Pub	lic No	<u>tification</u>		PN Certi	<u>fication</u>
Violation,	/Situation			Period	Tier		Requ	ired	Perform	ed	Due to DPH	Received
Distribution	on Turbidity MCL Violation		4/1/	/05 - 6/30/05	2	8	3/18/2	2005			8/28/2005	
	Water	System I	acili	ity and Sar	npling	Poi	int l	nver	itory			
Water								Tot	al Lead	l and	1	
System	Water System Facility	Sampling	Point	Sampling Poi	nt			Colif	orm Cop	per		Stage
Facility IE)	ID		Description		9	Status	Ru	ile Rule	e Tie	r Asbestos I	WQP 2 DBPR
00600	DISTRIBUTION SYSTEM	4		DISTRIBUTION	N SYSTEM	1	Α	Υ	′			
		DOWNST	REAM	WITHIN 5 SER	VICE COI	N	Α					
		UPSTRE	AM	WITHIN 5 SER	VICE COI	N	Α					
00700	ENTRY POINT	3		ENTRY POINT			Α					
21427	WELL	2		WELL			Α					
			Con	tact Inforr	nation	1						
Name			Oı	rganization							Job Title	
Mr. John	McDonald			argaret K. McD	onald Es	tate			Administ	rato	r	
Mailing A	ddress Line One	Mailing A		s Line Two					City		State	Zip Code
									•			•

Mobile Phone

Middlebury

Emergency Phone Email Address

203-758-1153

06762

P O Box 75

Fax

325 Central Road

Business Phone

203-758-8907

Extension

	Connecticu	t Depa	rtment (of Public	Health	Dri	nking	y Water	Section	
	Wate	er Qua	lity Mon	itoring a	nd Con	nplia	ince S	Schedul	le	
PWS ID	PWS Name					Classi	fication	Population	Owner Type	Primary Source
CT0810144	AKE QUASSAPAL	IG OUTING	CLUB			1	IC	25	Р	GW
Local Address (wl	nere applicable)			Service	Residen	tial Co	ommerci	al Industri	al Combin	ed Agricultural
2328 MIDDLEBUF	Y ROAD			Connection	ns		1			
Towns Served: M	IDDLEBURY									
Contact Role(s):	Legal Contact									
Name				Organization					Job Titl	e
Mr. Tom A. McD	onald							Manager		
Mailing Address I	ine One		Mailing Addr	ess Line Two				City	State	Zip Code
P O Box 75							Middle	ebury	СТ	06762
Business Phone	Extension	Fax	Mo	bile Phone	Emergency	Phone	Email A	Address	,	
203-758-8907					203-723-	4431	TOMM	1@NSISERV.	СОМ	
Contact Role(s):	Administrative C	ontact	,				•			

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
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End of schedule

	Connecticut Department of Public Health Drinking Water Section										
	Water Quality Monito	oring and	d Con	npl	liance S	Schedul	e				
PWS ID	PWS ID PWS Name Classification Population Owner Type Primary Source										
CT0810204	204 MIDDLEBURY RECREATION PARK NC 27 L GW										
Local Address (v	where applicable)	Service	Residen	itial	Commerci	al Industri	al Combine	ed Agricultural			
ROUTE 64		Connections			1						
Towns Served: N	/IDDLEBURY					,	,				
	Monite	ring Pogu	iromo	ntc							

Connections	1	L			
	,	,	,		
itoring Requireme	nts				
F ID: 00600)					
			1 ro	utine (RT) բ	er month
Monitori	ng Period	Collecti			nce Status
5/1/19 -	5/31/19				
6/1/19 -	6/30/19				
7/1/19 -	7/31/19				
8/1/19 -	8/31/19				
9/1/19 -	9/30/19				
			1 ro	utine (RT) բ	er month
Monitori	ng Period	Collecti	on Period	Complia	nce Status
5/1/19 -	5/31/19				
9/1/19 -	9/30/19				
00)					
			1	routine (RT) per year
Monitori	ng Period	Collecti	on Period	Complia	nce Status
				Con	nplete
		5/1	-9/30		
1/1/20 -	12/31/20	5/1	-9/30		
Compliance Sched	ules				
L	Due Date		Achieved I	Date	
ļ	5/1/2019				
cility and Sampling	Point Ir	nventor	ν		
, ,		Total	-		
		0 116			Stage
int Sampling Point		Coliform	Copper		
int Sampling Point Description	Status			Asbestos V	NQP 2 DBPR
				Asbestos V	
Description	Α	Rule		Asbestos V	
Description DISTRIBUTION SYSTEM	A I A	Rule		Asbestos V	
Description DISTRIBUTION SYSTEM AM WITHIN 5 SERVICE CON	A I A	Rule		Asbestos V	
	Monitoring Sequirement 5/1/19 - 6/1/19 - 7/1/19 - 8/1/19 - 9/1/19 - 6/1/19 - 7/1/19 - 6/1/19 - 7/1/19 - 8/1/19 - 9/1/19 - 7/1/19 - 8/1/19 - 9/1/19 - 1/1/19 - 1/1/19 - 1/1/20	Monitoring Period 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 Monitoring Period 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 Monitoring Period 1/1/19 - 12/31/19 1/1/19 - 12/31/18 1/1/19 - 12/31/19 1/1/20 - 12/31/20 Compliance Schedules Due Date 5/1/2019 cility and Sampling Point In	Monitoring Period Collecti 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 Monitoring Period Collecti 5/1/19 - 5/31/19 6/1/19 - 6/30/19 7/1/19 - 7/31/19 8/1/19 - 8/31/19 9/1/19 - 9/30/19 Monitoring Period Collecti 1/1/19 - 12/31/19 9/1/19 - 9/30/19 Monitoring Period Collecti 1/1/18 - 12/31/18 1/1/19 - 12/31/19 5/1 1/1/20 - 12/31/20 Compliance Schedules Due Date 5/1/2019 cility and Sampling Point Inventor	### Itoring Requirements ### ID: 00600) ### Collection Period	### Itoring Requirements ### Itoring Requirements ### Itoring Period

21432 WELL			2	WELL	A	4				
				Contact Inf	ormation					
Name				Organization	ı		Job Title			
Mr. Edward B. St. John				Town of Mic	ldlebury		First Selectman			
Mailing Address Lin	e One		Mailing	Address Line Two	ress Line Two			State	Zip Code	
1212 Whittemore R	load		Р О Вох	392		Middlebury		СТ	06762	
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Address				
203-758-2439					203-577-4028	RECREAT	ION@MIDDL	EBURY-CT.0	ORG	

(Connectic	ut Depa	rtmen	it of Public	Health	ı Drir	ıking	Water	Section			
	Wat	ter Qua	lity Mo	onitoring a	and Con	nplia	nce S	Schedul	le			
PWS ID F	WS Name					Classif	ication	Population	Owner Type	Primary Source		
CT0810204	4 MIDDLEBURY RECREATION PARK					N	С	27	L	GW		
Local Address (wh	Local Address (where applicable)				Resider	ntial Co	mmerci	al Industri	al Combin	ed Agricultural		
ROUTE 64				Connection	ons		1					
Towns Served: MI	DDLEBURY			'	'	'			,			
Contact Role(s):	Legal Contact											
Name				Organization	Organization				Job Title			
Ms. Betty A. Prou	lx			Town of Mide	Town of Middlebury Prk/Rec			Director				
Mailing Address L	ine One		Mailing A	ddress Line Two			City		State	Zip Code		
1212 Whittemore	Road						Middle	bury	СТ	06762		
Business Phone	Extension	Fax		Mobile Phone	Emergenc	y Phone	Email Address					
203-758-2520		203-577-	4172				bproub	x@middleb	ury.ct.org			
Contact Role(s):	Administrative	Contact										

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
CT0810214	QUASSAPAUG SAILING CENTER, INC.				NC	25	Р	GW
Local Address (v	vhere applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural
WEST LAKE ROA	.D	Connections			1			

TOWIS Served. MIDDLEBORT			
Monitor	ing Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID:	00600)		
Total Coliform (3100)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Physical Parameters (PPS)		1 rou	tine (RT) per month
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	6/1/19 - 6/30/19		
	7/1/19 - 7/31/19		
	8/1/19 - 8/31/19		
	9/1/19 - 9/30/19		
Water System Facility: ENTRY POINT (WSF ID: 00700)			
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		

Other Compliance Schedules								
Compliance Schedule Activity	Due Date	Achieved Date						
SEASONAL START UP CERTIFICATION	6/1/2018							
SEASONAL START UP COMPLETION	6/1/2018							
RESPOND TO SANITARY SURVEY	8/19/2018							
CORRECTIVE ACTION/CORRECTIVE ACTION PLAN	11/17/2018	7/27/2018	_					
SEASONAL START UP COMPLETION	6/1/2019							

1/1/20 - 12/31/20

Public Notification Requirements								
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>								
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received		
Distribution Turbidity MCL Violation	4/1/13 - 6/30/13	2	10/30/2013		11/9/2013			
REVISED TOTAL COLIFORM RULE (RTCR)	6/2/18 -	3	8/30/2018		9/9/2018			
REVISED TOTAL COLIFORM RULE (RTCR) TT Violation	6/2/18 -	2	8/30/2018		9/9/2018			

	Wa	ter System Facili	ty and Sampling P	oint lı	nvento	ry			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP .	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

		- 0		1			
PWS ID	PWS Name			Classification	Population	Owner Type	Primary Source
CT0810214	QUASSAPAUG SAILING CENTER, INC.			NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial Commerc	ial Industri	al Combin	ed Agricultural
WEST LAKE RO	AD	Connections		1			

	,	Water System Facili	ty and Samp	ling Point I	nvento	ry			
Water					Total	Lead and			
System	Water System Facility	Sampling Point	Sampling Point		Coliform	Copper		Stage	2
Facility ID		ID	Description	Status	Rule	Rule Tier	Asbestos	WQP 2 DBF	PR
21433	WELL	2	WELL	Α					

21433 VVLLL				VVLLL		`			
			Co	ontact Inf	ormation				
Name				Organization	ı	Job Title			
Mr. Joel Zackin				Quassapaug	Sailing Center	General Manager			
Mailing Address Line One Mailing Add			Mailing Add	ress Line Two			City	State	Zip Code
P.O. Box 231						Middleb	ury	СТ	06762
Business Phone	Extension	Fax	Mo	obile Phone	Emergency Phone	Email Address			
203-495-9431					203-907-9483	joel.zack	in871@gma	il.com	

Contact Role(s): Administrative Contact, Legal Contact, Owner

Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section											
Water Quality Monitoring and Compliance Schedule												
PWS ID PWS Name Classification Population Owner Type Primary Sour												
CT0810224	QUASSY AMUSEMENT PARK				NC	325	Р	GW				
Local Address (w	here applicable)	Service	Residen	tial	Commerci	al Industri	al Combine	ed Agricultural				
2132 MIDDLEBURY ROAD (ROUTE 64) Connections 1												
Towns Served: MIDDLEBURY												

Towns Served: MIDDLEBURY		1	<u>'</u>
Monitor	ring Requirements		
Water System Facility: DISTRIBUTION SYSTEM (WSF ID	: 00600)		
Total Coliform (3100)		2 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Physical Parameters (PPS)		2 rout	ine (RT) per quarter
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
Select from Inventory of Active Sampling Points	10/1/18 - 12/31/18		Complete
	4/1/19 - 6/30/19		
	7/1/19 - 9/30/19		
Water System Facility: ENTRY POINT - WELL #1 (MAIN)	(WSF ID: 00700)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL #1 (3)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Water System Facility: ENTRY POINT - WELL #2 (BOCCE) (WSF ID: 00702)		
Nitrate And Nitrite (NOX)		1 r	outine (RT) per year
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status
ENTRY POINT - WELL #2 (3-2)	1/1/18 - 12/31/18		Complete
	1/1/19 - 12/31/19		
	1/1/20 - 12/31/20		
Other Co	mpliance Schedules		
Compliance Schedule Activity	Due Date	Achieved D	ate
CROSS CONNECTION SURVEY REPORT	3/1/2017		
SEASONAL START LID COMPLETION	4/1/2010		

Other Co	impliance Schedules		
Compliance Schedule Activity	Due Date	Achieved Date	
CROSS CONNECTION SURVEY REPORT	3/1/2017		
SEASONAL START UP COMPLETION	4/1/2019		
Dublic Noti	fication Boquiromants		

Publi	c Notification R	equiren	nents							
Compliance Notice <u>Public Notification</u> <u>PN Certification</u>										
Violation/Situation	Period	Tier	Required	Performed	Due to DPH	Received				
REVISED TOTAL COLIFORM RULE (RTCR)	4/29/18 - 4/30/18	3	5/1/2019		5/11/2019					

	Water System Facility and Sampling Point Inventory											
Water System	Water System Facility		Sampling Point Description		Total Coliform		Ashastas		Stage			
Facility ID 00502	WELL #2 (BOCCE COURT)	2-2	WELL #2	Status A	Rule	Kule Her	Asbestos	WQP .	Z DBPK			
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION SYSTEM	Α	Υ							
		4-1	DISTRIBUTION SYSTEM	Α	Υ							
		4-2	DISTRIBUTION SYSTEM	Α	Υ							
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α								

	Connecticut Department of Water Quality Monit				U	'		
PWS ID	PWS Name			Clas	ssification	Population	Owner Type	Primary Source
СТ0810224	QUASSY AMUSEMENT PARK				NC	325	Р	GW
Local Address	(where applicable)	Service	Resider	ntial	Commercia	al Industri	al Combine	ed Agricultural

1

Connections

Towns Served: MIDDLEBURY

2132 MIDDLEBURY ROAD (ROUTE 64)

	Water S	System Facili	ity and Sampling P	oint Ir	nvento	ry		
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	Stage 2 DBPR
		UPSTREAM	WITHIN 5 SERVICE CON	Α				
00700	ENTRY POINT - WELL #1 (MAIN)	3	ENTRY POINT - WELL#	Α				
00702	ENTRY POINT - WELL #2 (BOCCE)	3-2	ENTRY POINT - WELL#	Α				
21434	WELL #1 (MAIN)	2-1	WELL #1	Α				

Certified Operator Information

Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)

Facility Classification: SMALL WATER S	YSTEM		Certification
Operator Name	Operator Type	Certification(s)	Expiration
WEID, JEREMIAH J.	CHIEF OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	12/31/2021
		DISTRIBUTION SYSTEM OPERATOR - CLASS I	6/30/2019
MCCORMACK, ROBERT T.	ASSIGNED OPERATOR	WATER TREATMENT PLANT OPERATOR - CLASS I	9/30/2019

, -									-,,
				Contact Inf	ormation				
Name				Organization	1			Job Title	
Mr. Eric Anderson							Owner		
Mailing Address Lin	e One		Mailing A	ddress Line Two			City	State	Zip Code
531 Upper Grassy H	Iill Road					Woodbu	ry	СТ	06798
Business Phone	Extension	Fax		Mobile Phone	Emergency Phone	Email Ad	dress		
203-758-2913	100	203-758-2	1436	203-410-4582		eanders	on@quassy.	com	

Contact Role(s): Administrative Contact, Legal Contact

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticu	it Departme	nt of	Public	Health	Dri	inkir	ng V	Vater	Se	ction	
	Wat	er Quality M	onit	oring a	nd Com	pli	ance	e Sch	nedul	e		
PWS ID	PWS Name					Class	sificatio	n Po	oulation	Owr	er Type P	rimary Sourc
CT0810234	QUASSY FIELD						NC		25		Р	GW
	where applicable)			Service	Residen	tial C	Comme	ercial	Industria	al	Combined	Agricultura
ROUTE 64				Connectio	ns		1					
Towns Served: N	MIDDLEBURY											
		M	lonit	oring Re	quireme	nts						
Water System	Facility: DISTRI	BUTION SYSTEM ((WSF I	D: 00600)								
Total Coliform									1	rou		per quarter
Sampling P	Point (Sampling Po	oint ID)			Monitori	ng Pe	riod	Colle	ction Per	riod	Compl	iance Status
Select from	Inventory of Activ	ve Sampling Points			10/1/18 -						Co	omplete
					4/1/19 -							
					7/1/19 -	9/30,	/19					
Physical Parar												per quarter
	Point (Sampling Po				Monitori			Colle	ction Per	riod		iance Status
Select from	Inventory of Activ	ve Sampling Points			10/1/18 -						Co	omplete
					4/1/19 -							
					7/1/19 -	9/30/	/19					
•	•	POINT (WSF ID: 0)0700)									
Nitrate And N	• •										-	RT) per year
	Point (Sampling Po	oint ID)			Monitori			Colle	ction Per	ioa		iance Status
ENTRY POII	VI (3)				1/1/18 -			_				omplete
					1/1/19 -							
		0.1			1/1/20 -		-					
		Oth	ner C	omplian	ce Sched	ules	S					
Compliance Sch						Due D			Achie	ved l	Date	
	T UP COMPLETION					1/1/20						
CROSS CONNEC	TION SURVEY REP	ORT				3/1/20	020					
	1	Water System	Facili	ity and S	ampling	Poi	nt Inv	vent	ory			
Water								Total				
*	er System Facility			Sampling P				Colifor			Ashastas	Stage
Facility ID	NOUTE ON SYSTEM	ID		Description		Si	tatus	Rule	Kule	Her	Aspestos	WQP 2 DBP
00600 DISTE	RIBUTION SYSTEM				ION SYSTEM		A	Υ				
					SERVICE CON		A					
00700 FNTD	V DOINT	UPSTR			SERVICE CON	ı	A					
	Y POINT	3		ENTRY POI	IN I		A					
21435 WELL		2		WELL			A					
					rmation							
Name			0	rganization							Job Title	
	ks And Recreation											
Mailing Address				s Line Two					City		State	Zip Code
1172 Whittemor		Room #1			_			dlebur	•		СТ	06762
Business Phon		Fax	Mobi	le Phone	Emergency	Phon	ne Ema	ail Add	ress			
203-758-2520												

Contact Role(s): Owner

	Connectic	ut Depa	rtmen	t of Public	c H	ealth I	Drin	king	Water	Section	1			
	Wat	ter Qual	ity Mo	nitoring a	ano	d Comp	plia	nce S	Schedul	e				
PWS ID P	WS Name					C	Classifi	cation	Population	Owner Type	Pr	imary Source		
CT0810234 C	UASSY FIELD						N	С	25	Р		GW		
Local Address (wh	ere applicable)			Service		Residentia	al Cor	mmercia	al Industri	al Combin	ed	Agricultural		
ROUTE 64				Connection	ons			1						
Towns Served: MI	DDLEBURY			,	,				'	'		1		
Name				Organization	1					Job Tit	le			
Mr. Daniel Nortor	1			Town of Mid	dleb	ury			Dir of Pub	olic Works				
Mailing Address Li	ne One		Mailing Ad	ddress Line Two					City	State		Zip Code		
1 Service Rd								Middle	bury	СТ		06762		
Business Phone	Extension	Fax		Mobile Phone	En	nergency P	hone	Email A	ddress		•			
203-577-4170		203-577-4	1168			203-704-00	093	dnorto	n@middleb	@middlebury-ct.org				
Contact Role(s):	Administrative	Contact, Leg	al Contact					1						

Please note the following:

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- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			CD 11	, 11	D :	1.	Y 4 Y			
Conn	ecticut Depa					U				
	Water Qua	lity Monit	oring and	a Com						T
PWS ID PWS Na					Classifi					Primary Source
	BEACH SWIM CLUB			5	N ₁		2.		Р	GW
Local Address (where ap	plicable)		Service Connections	Residen	tial Coi	mmercia	II In	dustrial	Combin	ed Agricultura
3 SANDY BEACH ROAD			Connections			1				
Towns Served: MIDDLEB	URY	D.A : +	ovina Dom	.:			-			
Water System Facility	DISTRIBUTION S		oring Requ	iireme	nts					
Total Coliform (3100		TSTEIVI (WSF)	טייטטטטן					1 ,	outing (P)) per quarter
Sampling Point (Sa	•			Monitori	na Peric	nd Co	llecti	ו ב on Perio	-	pliance Status
	ory of Active Sampling	Points		10/1/18 -			neeth.	on rem		Complete
Select Hom invento	ny or neave sumpling	, 1 011115		4/1/19 -						complete
				7/1/19 -						
Physical Parameters	(PPS)			,, 1, 13	3/30/1			1 r	outine (R)) per quarter
Sampling Point (Sa	= =			Monitori	na Perio	od Co	llecti	on Perio	=	pliance Status
	ory of Active Sampling	Points		18		-10/31		Complete		
				4/1/19 -			5/1-6/30			
				7/1/19 -				•		
Water System Facility:	ENTRY POINT (V	VSF ID: 00700)								
Nitrate And Nitrite (NOX)								1 routine	(RT) per year
Sampling Point (Sa	mpling Point ID)			Monitori	ng Perio	od Co	llecti	on Perio	od Com	pliance Status
ENTRY POINT (3)				1/1/18 -	12/31/1	.8				Complete
				1/1/19 -	12/31/1	.9				
				1/1/20 -	12/31/2	:0				
		Other C	ompliance	Sched	lules					
Compliance Schedule Ac	tivity			ı	Due Dat	e		Achiev	ed Date	
SEASONAL START UP CO	MPLETION			!	5/1/201	9				
	Water Sy	ystem Facil	ity and Sar	npling	Point	Inve	ntor	у		
Water								Lead a	nd	
System Water System	n Facility	Sampling Point		nt		-	form	Coppe		Stage
Facility ID		ID	Description		Sta	LUS	ıle	Rule T	ier Asbesto	os WQP 2 DBPI
00600 DISTRIBUTION		4	DISTRIBUTION				Y			
		DOWNSTREAM								
		UPSTREAM	WITHIN 5 SER							
00700 ENTRY POINT		3	ENTRY POINT		Δ					
21436 WELL		2	WELL		Α	\				
		Con	tact Inform	nation						
Name		0	rganization						Job Titl	e
Mr. Paul Anderson		Sa	andy Beach Clu	b LLC			Mar	nager		
Mailing Address Line On	e	Mailing Addres	s Line Two				Cit	У	State	Zip Code

Mobile Phone

203-217-2601

3 Sandy Beach Road

Business Phone

203-758-8480

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

Middlebury

sbcquassy@outlook.com

Emergency Phone Email Address

СТ

06762

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

	Tracer Quarty From	91 1118 a11	u 0011	TP.	i di i di	on car		
PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0810244	SANDY BEACH SWIM CLUB				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	itial	Commerci	al Industri	al Combine	ed Agricultural
3 SANDY BEACH	H ROAD	Connections			1			
		•				· · · · · · · · · · · · · · · · · · ·		

Please note the following:

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http://www.ct.gov/dph/publicdrinkingwater

End of schedule

			15.11							
	Connecticut De	partment of	Public H	ealth	Drin	king \	Wat	er Se	ection	
	Water Q	uality Monit	oring and	d Com	pliar	ice Sc	ched	lule		
PWS ID	PWS Name								ner Type F	rimary Source
CT081028	4 MAPLES RESTAURANT				NC	2	25		Р	GW
Local Add	ress (where applicable)		Service	Resident	ial Con	nmercial	Indu	strial	Combined	Agricultura
725 STRAI	TS TURNPIKE		Connections			1				
Towns Ser	rved: MIDDLEBURY									
		Monito	oring Requ	iremer	nts					
Water Sy	stem Facility: DISTRIBUTIO	N SYSTEM (WSF I	D: 00600)							
Total Co	liform (3100)							1 rou	itine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitorin	ng Perio	d Col	lection	Period	Compl	iance Status
Selec	ct from Inventory of Active Samp	oling Points	:	10/1/18 -	12/31/1	.8			Co	omplete
				1/1/19 - 3	3/31/19)			Co	omplete
				4/1/19 -	6/30/19)				
				7/1/19 -	9/30/19)				
Physical	Parameters (PPS)							1 rou	itine (RT)	per quarter
Sam	pling Point (Sampling Point ID)			Monitorin	ng Perio	d Col	lection	Period	Compl	iance Status
Select from Inventory of Active Sampling		oling Points	:	10/1/18 - 12/31/18					Co	omplete
				1/1/19 - 3/31/19					Co	omplete
				4/1/19 -	6/30/19)				
				7/1/19 -	9/30/19)				
Water Sy	stem Facility: ENTRY POINT	(WSF ID: 00700)								
Nitrate A	And Nitrite (NOX)							1	routine (I	RT) per year
Sam	pling Point (Sampling Point ID)			Monitorin	ng Perio	d Col	lection	Period	Compl	iance Status
ENTR	RY POINT (3)		1/1/18 - 12/31/18			8			Co	omplete
				1/1/19 - 1	2/31/1	9			Co	omplete
				1/1/20 - 1	2/31/2	0				
		Other C	ompliance	Sched	ules					
Complian	ce Schedule Activity			D	ue Date	2	Ac	chieved	Date	
RESPOND	TO SANITARY SURVEY			12	/29/201	11				
	Wate	r System Facili	ty and Sar	npling	Point	Inven	tory			
Water						Tota	al Le	ad and		
System	Water System Facility	Sampling Point		nt		Colifo	rm (Copper		Stage
Facility ID)	ID	Description		Stat	us Rul	e R	ule Tier	Asbestos	WQP 2 DBP
00600	DISTRIBUTION SYSTEM	4	DISTRIBUTION	I SYSTEM	Α	Υ				
		DOWNSTREAM	WITHIN 5 SER	VICE CON	Α					
		UPSTREAM	WITHIN 5 SER	VICE CON	Α					
00700	ENTRY POINT	3	ENTRY POINT		Α					
21440	WELL	2	WELL		Α					
		Con	tact Inforr	nation						
Name		0	rganization						Job Title	
Mr. Ferna	indo Marcone		arcone Enterp	rises			Presid	ent		
Mailing Ad	ddress Line One	Mailing Addres	s Line Two				City		State	Zip Code

Mobile Phone

Middlebury

Emergency Phone Email Address

CT

06762

725 Straights Turnpike

Extension

Contact Role(s): Administrative Contact, Legal Contact, Owner

Fax

203-758-8661

Business Phone

203-758-2502

Connecticut Department of Public Health Drinking Water Section
Water Quality Monitoring and Compliance Schedule

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PWS ID	PWS Name			Cla	ssification	Population	Owner Type	Primary Source
CT0810284	MAPLES RESTAURANT				NC	25	Р	GW
Local Address (where applicable)	Service	Resider	ntial	Commerci	al Industri	al Combine	ed Agricultural
725 STRAITS TU	JRNPIKE	Connections			1			
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Please note the following:

- 1. The residual disinfectant concentration must be measured at the same location and time as each total coliform sample.
- 2. If a Collection Period is specified, all water quality samples must be collected during the specified period.
- 3. Depending on results, additional monitoring may be required (i.e. repeat or confirmation samples). This schedule is subject to change, and any related correspondence sent by the DWS on or after the generation date of this schedule will have precedence over what is contained in this schedule.

If you have any questions, please contact the Drinking Water Section at (860) 509-7333.

http://www.ct.gov/dph/publicdrinkingwater

End of schedule

	Connecticut Department of Public Health Drinking Water Section									
	Water Quality Monitoring and Compliance Schedule									
PWS ID PWS Name					ssification	Population	Owner Type	Primary Source		
CT0810304	HOP BROOK LAKE REC AREA (WEST LAWN CS	5)			NC	25	F	GW		
Local Address (Local Address (where applicable)				Commercia	al Industri	al Combine	ed Agricultural		
ROUTE 63	Connections			1						

Monitoring R	equirements				
Water System Facility: DISTRIBUTION SYSTEM (WSF ID: 00600)				
Total Coliform (3100)		1 rou	tine (RT) per month		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19				
	6/1/19 - 6/30/19				
	7/1/19 - 7/31/19				
	8/1/19 - 8/31/19				
	9/1/19 - 9/30/19				
Physical Parameters (PPS)		1 routine (RT) per mon			
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
Select from Inventory of Active Sampling Points	5/1/19 - 5/31/19				
	6/1/19 - 6/30/19				
	7/1/19 - 7/31/19				
	8/1/19 - 8/31/19				
	9/1/19 - 9/30/19				
Water System Facility: ENTRY POINT (WSF ID: 00700)					
Nitrate And Nitrite (NOX)		1 re	outine (RT) per year		
Sampling Point (Sampling Point ID)	Monitoring Period	Collection Period	Compliance Status		
ENTRY POINT (3)	1/1/18 - 12/31/18		Complete		
	1/1/19 - 12/31/19				
	1/1/20 - 12/31/20				
Other Complia	a a a Cala a de da a				

Other Compliance Schedules Compliance Schedule Activity Due Date Achieved Date SEASONAL START UP COMPLETION 5/15/2019

	Wat	er System Facili	ty and Sampling P	oint Ir	nvento	ſy			
Water System Facility ID	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	Asbestos	WQP	Stage 2 DBPR
00600	DISTRIBUTION SYSTEM	4	FOUNTAIN ON CS WALL	Α	Υ				
		4MSN	MENS RM SINK	Α	Υ				
		4MSS	MENS RM SINK SOUTH	Α	Υ				
		4WSC	WOMENS RM SINK	Α	Υ				
		4WSN	WOMENS SINK NORTH	Α	Υ				
		4WSS	WOMENS RM SINK SOUTH	Α	Υ				
		DOWNSTREAM	WITHIN 5 SERVICE CON	Α					
		UPSTREAM	WITHIN 5 SERVICE CON	Α					
		WMSS	MENS RM SINK SOUTH	Α	Υ				
00700	ENTRY POINT	3	ENTRY POINT	Α					
22831	WELL 1	2	WELL 1	Α					

NOTE: This information has been provided to help owners and operators of public water systems maintain compliance with drinking water quality monitoring requirements. Any inaccuracies contained herein will not relieve the owner or operator of the requirement to maintain compliance with the applicable regulations.

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PWS ID PWS Name				Classification	Population	Owner Type	Primary Source
CT0810304	HOP BROOK LAKE REC AREA (WEST LAWN CS	5)		NC	25	F	GW
Local Address (\	vhere applicable)	Service	Resider	itial Commerc	ial Industri	al Combine	ed Agricultural
ROUTE 63		Connections		1			

Towns Served: MIDDLEBURY

	Wa	ter System Facili	ity and Samplin	g Point Ir	nventoi	ry		
Water System Facility IL	Water System Facility	Sampling Point ID	Sampling Point Description	Status	Total Coliform Rule	Lead and Copper Rule Tier	WQP	Stage 2 DBPR
56919	WELL 2	2	WELL 2	Α				
57023	PRESSURE STORAGE							
57033	PRESSURE STORAGE							

			C	ontact Inf	ormation				
Name				Organization		Job Title			
Ms. Diana Errico-Topolski				Us Army Cor	ps of Engineers	Project Manager			
Mailing Address Line One Mailing Addr			ress Line Two			City	State	Zip Code	
4 Straits Turnpike						Middleb	ury	СТ	06762
Business Phone	Extension	Fax	М	obile Phone	Emergency Phone	Email Address			
978-318-8370			20	3-509-9708		diana.j.e	ana.j.errico-topolski@usace.army.mil		

Contact Role(s): Administrative Contact, Legal Contact

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